

**AUTHORIZATION FOR RELEASE OF
FINANCIAL RECORDS AND INFORMATION**

TO WHOM IT MAY CONCERN:

I, _____, social security number(SSN)
(Print full name of person GIVING release)
_____, hereby authorize
(SSN of person GIVING release)

(Name of person who is GETTING permission) to have access to any and all

information regarding my financial and banking records. This right of access extends to all banking, checking, savings, investment, profit-sharing or other financial accounts, however so designated, and includes all accounts whether held in my name individually or jointly with others.

I also authorize the person indicated above to speak to any personnel who may have information regarding such financial accounts, and to receive copies of documents relating to these accounts.

This authorization expires six months from the date of signing below. Copies of this authorization shall be regarded as effective as the original.

(Signature of person GIVING release)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____, at _____, Alaska.

Notary Public in and for _____
My Commission expires: _____